## Seattle Fire Department Permit Application Code 7402 Medical Gas

Level II --Revised 01/2013--



**Permit Fee:** \$208.00\*

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT):		
FIRM NAME:		
MAILING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
OPERATION ADDRESS:		
CONTACT PERSON:		
PHONE NUMBER: ( )	E-MAIL ADDRESS:	
Reason for submitting this application (check one):		
<ul> <li>□ New Operation Address</li> <li>□ New Construction</li> <li>□ Previous Permit Expired at this Operation Address</li> </ul>	<ul><li>□ New Process/Insta</li><li>□ New Facility Own</li><li>□ Other Reason:</li></ul>	ner/Operator
NOTE: Storage of 504 cubic feet or less does NOT require a permit at this time.		
Payment must accompany all applications. Please inc	clude a check made paya	ble to the CITY OF SEATTLE.
Permit applications may be submitted in person weekdays for	•	
Fire Marshal's Office – Permits  220 Third Ave S, 2 <sup>nd</sup> Floor  Tel: (	To pay with a Visa or Master Card: Fax or email this application <b>THEN CALL US TO CONFIRM RECEIPT AND MAKE PAYMENT</b> Tel: (206) 386-1450 / Fax: (206) 386-1348 E-mail: <a href="mailto:permits@seattle.gov">permits@seattle.gov</a>	
*NOTE: The annual permit fee will be calculated based or minimum permit fee is \$208.00. After evaluation of inv \$208.00, you will be invoiced for the balance due. If you he Permit Desk at 206-386-1450.	entory, if the permit fee	e is calculated to be greater than
TO BE COMPLETED BY FMO INSPECTOR:		
Approved By: SFD	ID#:	Date:
Station No.		
FMO OFFICE USE ONLY:		
Application ID# Check No.:	Rece	eipt No.:
☐ Cancel with full refund ☐ Cancel, no refund ☐ Moved	No Longer Needs	Out of Business